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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Α	Application or Docket Number 10/667,151			ing Date 18/2003	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)								SMALL ENTITY					HER THAN ALL ENTITY
FOR			NUM	NUMBER FILED		NUMBER EXTRA		П	RATE (\$)	FEE (\$)	П	RATE (\$)	FEE (\$)
BASIC FEE (37 CFR 1.16(a), (b), or (c))				N/A		N/A			N/A]	N/A	
SEARCH FEE (37 CFR 1.16(k), (i), or (m))				N/A		N/A			N/A]	N/A	
EXAMINATION FEE (37 CFR 1.16(a), (p), or (q))				N/A		N/A			N/A			N/A	
	TOTAL CLAIMS (37 CFR 1.16(i))			minus 20 =		•		П	x \$ =		OR	x s =	
INDEPENDENT CLAIMS (37 CFR 1.16(h))				minus 3 =		•			x \$ =		1	x \$ =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE	If the specification and dr sheets of paper, the appl is \$250 (\$125 for small er additional 50 sheets or for 35 U.S.C. 41(a)(1)(G) and			plication entity) fraction	n size fee due for each thereof. See						
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))								П			1		
* If the difference in column 1 is less than zero, enter "0" in column 2.									TOTAL]	TOTAL	
, , , , , , , , , , , , , , , , , , , ,											ER THAN ALL ENTITY		
AMENDMENT	12/01/2008	CLAIMS REMAINING AFTER AMENDMENT			HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.18())	• 39		Minus	~ 179	_	= 0	П	x \$ =		OR	X \$52=	0
	Independent (37 CFR 1.16(h))	• 3		Minus	3		= 0	П	x \$ =		OR	X \$220=	0
M	Application Size Fee (37 CFR 1.16(s))												
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))										OR		
									TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
(Column 1) (Column 2) (Column 3)													
L		CLAIM REMAINI AFTER AMENDM	ING R		HIGH NUME PREVIO PAID I	BER DUSLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
Z.	Total (37 CFR 1,16(i))			Minus				П	x \$ =		OR	x \$ =	
AMENDMENT	Independent (37 CFR 1,16(h))			Minus	***		=	П	x \$ =		OR	x \$ =	
Ш	Application Size Fee (37 CFR 1.16(s))							П]		
ΑN	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))										OR		
									TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
** 11	the entry in column the "Highest Numb If the "Highest Numb "Highest Number P	er Previously er Previousl	/ Paid F ly Paid F	or" IN TH	IIS SPACE HIS SPAC	E is less≀ E is less	than 20, enter "20" than 3, enter "3".		/Kim Do	-		er:	

This collection of information is orquired by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public with in it is life (and by the USFTO to process) an application Confidentiality is operand by 38 US 6.2 22 and 37 CFR 1.4. 1 this collection is estimated to the 12 minutes to complete, encuding pathering, preparing, and submitting the completed application form to the USFTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burdon, should be sent to the CERF (information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrius, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandrius, VA 22313-1450.